

CITY OF SAN RAMON
Building & Safety Services Division

RE-SUBMITTAL REQUEST

Date: _____ Permit # _____

Job Site Address: _____

Owner/Tenant Name: _____

Reason for re-submittal: ☐ Per Building Division Plan Checkers Request
 ☐ Per Planning Division Request
 ☐ Per Engineering Division Request
 ☐ Revisions
 ☐ Other (see comments)

Comments: _____

Contact Person: _____ Telephone: _____